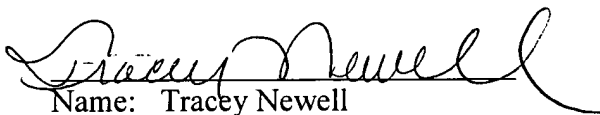


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Brian C. Demsky, et al.	:	
Serial No.:	10/723,252	:	Examiner: To Be Assigned
Filed:	November 26, 2003	:	Art Unit: To Be Assigned
For:	SPECIFICATION BASED DETECTION AND REPAIR OF ERRORS IN DATA STRUCTURES	:	Atty. Docket: MIS-00401

**Certificate of Mailing**

I hereby certify that the foregoing document is being deposited with the United States Postal Service, postage prepaid, via first class mail, in an envelope addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 21, 2004.

  
Name: Tracey Newell

**PRELIMINARY AMENDMENT**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**Amendments to the Specification** begin on page 2 of this paper.

**A list of Claims** is reflected in the listing of claims that begins on page 3 of this paper.

**Remarks/Arguments** begin on page 15 of this paper.

**AMENDMENT TRANSMITTAL LETTER**Docket Number  
MIS-00401Application Number  
10/723,252Filing Date  
November 26, 2003Examiner  
To Be AssignedGroup Art Unit  
To Be AssignedInvention Title  
SPECIFICATION BASED DETECTION AND REPAIR OF ERRORS IN DATA STRUCTURES**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application, including:

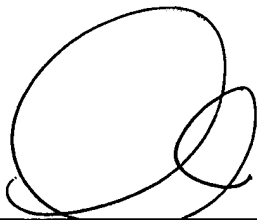
- ( X ) Preliminary Amendment  
( X ) Return Postcard

**CLAIMS AS AMENDED**

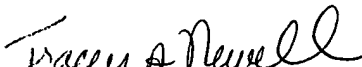
	(1)		(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	76		76	0	X \$18	\$
INDEPENDENT CLAIMS	6	Minus	6	0	X \$86	\$
MULTIPLE DEPENDENT CLAIM ADDED					\$290	\$
					TOTAL	\$
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL		\$	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the highest number previously paid for IN THIS SPACE is less than 20, enter "20."  
\*\*\* If the highest number previously paid for IN THIS SPACE is less than 3, enter "3."  
The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

- ( ) Please charge **Deposit Account Number 03-1721** in the amount of \$\_\_\_\_\_. A duplicate copy of this sheet is enclosed.
- ( ) A check in the amount of \$\_\_\_\_\_ to cover the filing fee is enclosed.
- ( X ) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our **Deposit Account Number 03-1721**.

  
Anne E. Saturnelli, Reg. No. 41,290January 21, 2004  
Date

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Tracey Newell